Medical Notes

Patient Name:_____ **Age:**____ **Sex:**_____

NE	NP-O	NPE-A	NPO-Q	NPO-A	NU	NI	NEG
Evolution Note	Pre-operative	Pre-Anesthesia	Post-Operative	Post-Operative	Urgent	Inter-consultation	Discharge-Note

Stature: **Weight:** **Pulse** **F.R.:** **T.A.:** **Temp.**

Date:___/___/___ **Time:**_____ **Signature:**_____

License:_____

NE	NP-O	NPE-A	NPO-Q	NPO-A	NU	NI	NEG
Evolution Note	Pre-operative	Pre-Anesthesia	Post-Operative	Post-Operative	Urgent	Inter-consultation	Discharge-Note

Stature: **Weight:** **Pulse** **F.R.:** **T.A.:** **Temp.**

Date:___/___/___ **Time:**_____ **Signature:**_____

License:_____

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